

L19000 176324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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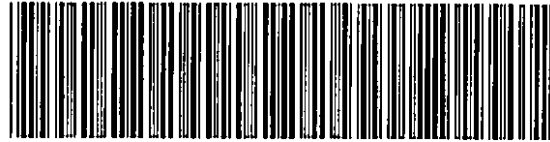
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COVER LETTER

**TO: Registration Section
Division of Corporations**

Privara, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nydia Menendez, Esq.

Name of Person

Menendez Law Firm

Firm/Company

2699 Stirling Road, B200

Address

Fort Lauderdale, FL 33312

City/State and Zip Code

nydia@menendezlawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nydia Menendez, Esq.

954

963-7220

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
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(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
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(additional copy is enclosed) |
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MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Privara, LLC

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MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Page 2 of 3

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E. Effective date, if other than the date of filing: _____ (optional)

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Dated October 8 2019

October 8

2019

Dated _____,

Signature of a member or authorized representative of a member

Om P. Lalla

Typed or printed name of signee